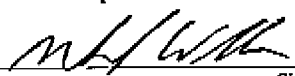


<b>TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT</b> (Under 37 CFR 1.97(b) or 1.97(c))				Docket No. <b>81190-3002</b>	
In Re Application Of: <b>Michelle Alfa</b>					
Application No. <b>10/564,057</b>	Filing Date <b>July 12, 2004</b>	Examiner	Customer No. <b>23529</b>	Group Art Unit	Confirmation No. <b>5997</b>
Title: <b>Combination Therapy for Gastroenteric Diseases Caused by Microorganisms</b>					
<p>Address to: Commissioner for Patents P.O. Box 1460 Alexandria, VA 22313-1460</p> <p><b>37 CFR 1.97(b)</b></p> <p>1. <input type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.</p> <p style="text-align: center;"><b>37 CFR 1.97(c)</b></p> <p>2. <input checked="" type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:</p> <p style="margin-left: 40px;"><input type="checkbox"/> the statement specified in 37 CFR 1.97(e);</p> <p style="text-align: center;"><b>OR</b></p> <p style="margin-left: 40px;"><input type="checkbox"/> the fee set forth in 37 CFR 1.17(p).</p>					

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<b>Payment of Fee</b> (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))					
<input type="checkbox"/> A check in the amount of _____ is attached.					
<input type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. _____ as described below.					
<input type="checkbox"/> Charge the amount of _____					
<input type="checkbox"/> Credit any overpayment.					
<input type="checkbox"/> Charge any additional fee required.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
<b>Certificate of Transmission by Facsimile*</b>			<b>Certificate of Mailing by First Class Mail</b>		
<div style="border: 1px solid black; padding: 5px;">I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (Fa  _____ (Date)  _____ Signature  _____ Typed or Printed Name of Person Signing Certificate</div>			<div style="border: 1px solid black; padding: 5px;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on  _____ (Date)  _____ Signature of Person Mailing Correspondence  _____ Typed or Printed Name of Person Mailing Certificate</div>		
<b>*This certificate may only be used if paying by deposit account.</b>					
 _____ Signature  <b>Michael R. Williams</b> <b>Registration 45333</b>			Dated: <b>June 25, 2007</b>		
CC:					